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## YIZKOR BOOK 2018

**PLEASE RETURN BY August 15, 2018**

Name of Donor(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Amount of donation: \$\_\_\_\_\_ Check enclosed. Charge my Credit Card

Cardholder's Name: \_\_\_\_\_

Account # : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. date: \_\_\_\_ / \_\_\_\_  
**(Visa & MasterCard Only)**

NAME OF DECEASED

RELATIONSHIP

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Remembered by \_\_\_\_\_